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ABSTRACT

Factors influencing decision making are reviewed, and strategies which a school psychologist can use to increase parent involvement in decisions about their handicapped children are delineated. It is explained that four types of interventions are effective in promoting parental involvement: decision counseling, the balance sheet schema to help parents survey alternatives, outcome psychodrama (in which parents explore potential consequences), and emotional inoculation for post-decisional setbacks (making parents aware of an impending crisis or negative outcome in advance). (CL)

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NOTES ON

THE SCHOOL PSYCHOLOGIST AS A FACILITATOR OF PARENT INVOLVEMENT IN DECISIONS CONCERNING THEIR CHILDREN: AN OVERVIEW

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Assumptions

- The overall goal of education is to bring about a greater degree of social competence.
- Social competence is the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life.
- The child's family is perceived as the principal influence on the child's development, thus it (the family) must be a direct participant in the program.
- If children are to reach their fullest potential, there must be opportunity for the parents to influence the character of programs affecting the development of their children.
- The child is the same learner in the classroom and the home in spite of differences in content and response.
- The terminology employed by the school's staff to characterize the learning difficulties of a child is not simply a description of their problems in the classroom but has equal application to learning in the home.
- The parent is regarded as an instructional ally in the development of learning activities.
- The two worlds of learning, home and school, are not separated.
- The school psychologists are in a favorable position to reestablish the development of the child rather than the survival of the institution as the primary goal of education.

- The school psychologists by virtue of their training and responsibilities can facilitate the parents' involvement in decisions about their children at home and in school.
- Making consequential decisions is a worrisome thing and causes psychological stress*.
- There is a body of knowledge about how people arrive at decisions. Decision counseling in improving one's decision making effort is an effective process leading to positive results.

Rules

It is impossible to provide appropriate educational services without focusing on the needs of individual children. This is even more important for handicapped children. Consequently, recent legislation requires that each child enrolled in a program have an individualized education program, a written statement for each handicapped child, jointly developed by a qualified school official, the child's teacher, and parents or guardian. (The Education for All Handicapped Children Act, P.L. 94-142).

In school placement procedures and in fact in any decisions concerning a handicapped child's schooling, there will be prior consultation with the child's parents or guardian, and in general no policies, programs, or procedures affecting the education of handicapped children covered by the law will be adopted without public notice. (A Bill of Rights for the Handicapped reprinted from the 1976 annual report of the National Advisory Committee on the Handicapped.)

* Psychological stress is used as a generic term to designate unpleasant emotional states evoked by threatening environmental events and stimuli (decisions).

INDIVIDUALIZED EDUCATION PROGRAMS

Sections 121a.220–121a.226 of the regulations interpret the statutory requirement that free appropriate public education includes an individualized education program for every handicapped child so served.

The individualized education program (IEP) is a written statement developed in a meeting with a representative of the local educational agency, the teacher, the parent, and the child, where appropriate. The written statement on each child includes documentation of decisions reached about the objectives, content, implementation and evaluation of the child's educational program.

§ 121a.221 Parent participation.

(a) Each local educational agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed on time and place.

(b) If neither parent can attend, the local eduactional agency shall use other methods to insure parent participation, including individual or conference telephone calls.

(c) A meeting may be conducted without a parent in attendance if the local educational agency is unable to convince the parents that they should attend. In this case the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place, such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls,

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

(d) The local educational agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

(20 U.S.C. 1414(a)(5).)

See:

PROPOSED RULES

DEPARTMENT OF HEALTH, AND WELFARE

Office of Education

[45 CFR Parts 100b, 121a, and 121m]

EDUCATION OF HANDICAPPED CHILDREN AND INCENTIVE GRANTS PROGRAM

A Theoretical Framework on Decision Making

Source: Janis, Irving L., Mann, Leon, Decision Making. New York: Free Press, 1977.

The conceptual model of decision making presented by Janis and Mann (1977) is anchored in empirical findings on the effects of commitment and related phenomena and is basically congruent with Kurt Lewin's original image of man's vulnerability to gross errors in arriving at a decision through superficial search and biased information processing.

People are warm blooded mammals, not rational calculators always ready to work out the best solution, but reluctant decision makers beset by conflict, doubts, worry, struggling with incongruous longing antipathies and loyalties and seeking relief by procrastinating, rationalizing or denying responsibility for their choices.

Janis and Mann have identified seven major criteria to evaluate the decision making process. Decisions satisfying these procedural criteria have a better chance than others of attaining the decision maker's objectives and being adhered to in the long run.

The decision maker, to the best of his ability and within his information-processing capabilities

1. thoroughly canvasses a wide range of alternative courses of action;
2. surveys the full range of objectives to be fulfilled and the values implicated by the choice;
3. carefully weighs whatever he knows about the costs and risks of negative consequences, as well as the positive consequences, that could flow from each alternative;

4. intensively searches for new information relevant to further evaluation of the alternatives;

5. correctly assimilates and takes account of any new information or expert judgement to which he is exposed, even when the information or judgement does not support the course of action he initially prefers;

6. reexamines the positive and negative consequences of all known alternatives, including those originally regarded as unacceptable, before making a final choice;

7. makes detailed provisions for implementing or executing the chosen course of action, with special attention to contingency plans that might be required if various known risks were to materialize.

These criteria can be boiled down to a single generalization - namely, that decision makers ought to engage in "vigilant information processing." However, most people lack the time and energy to collect information resulting in four situations in which decision makers habitually fail to reach this ideal:

1. If the risks involved in continuing to do whatever you have been doing in the past appear low, you are likely to go on doing it. You are unlikely to collect adequate information about possible alternatives.

2. If the risks of continuing to do whatever you have been doing appear high, and if the risks of an obvious alternative appear low, you are likely to choose this alternative. Once again, you are unlikely to collect adequate information about other possibilities.

3. If all the obvious alternatives look risky, and if you also feel that you have little chance of coming up with a better one, you are likely to engage in "defensive avoidance," by trying to deny that a problem exists, exaggerating the advantages of the particular alternative you have chosen, or trying to get someone else to make the decision.

4. If you feel there is a potentially satisfactory course of action, and if you also feel that this alternative may disappear if you wait to investigate other possibilities, you are likely to panic, trying to pursue the obvious alternative before it is too late.

Only if you feel that all the obvious choices are risky, that there may well be a better choice that is not obvious and that there is sufficient time to look for the best possible choice, will you engage in "vigilant information processing."

As behavioral scientists we are often intrigued by the great potentialities of a rational approach to decision making. We give the impression that decision makers ought to be highly detached, cool and utterly objective when calculating the expected utility of whatever choices they make.

Even if the ideal were somehow worth striving for, the fact remains that human beings, programmed as they are with emotions and unconscious motives as well as with cognitive abilities, styles and temperament, seldom can approximate a state of detached affectlessness when making decisions that implicate their own vital interests. . . (page 45).

There is ample evidence that symptoms of stress accompany decision making, these include feelings of apprehensiveness, a desire to escape from a distressing choice dilemma, and self balance for having allowed oneself to get into a predicament where one is forced to choose between unsatisfactory alternatives (I'm between the frying pan and the fire).

In addition before an overt committing decision is made there is evidence that the decision maker engages in bolstering activity or unbiased scanning of the alternatives, depending on the presence of:

1. Belief that the supply of information about alternatives is exhausted, the likelihood increases that he will bolster the

least objectionable alternative, thus spreading the attractiveness of the alternatives, as he moves toward resolution. (page 90)

2. When an uncertain decision maker believes that new relevant information about the alternatives will be forthcoming, the likli-hood increases that he will remain hopeful (about finding a good solution), vigilant and open minded; as a result, he will avoid moving toward resolution and will abstain from bolstering the most promising alternative. (page 91)

The school psychologist should be aware of these phenomena, lest he become an unwitting partner to these rationalizations and defensive beliefs and unintentionally leading parents to make poor decisions.

Some of the bolstering tactics are well known:

1. Exaggerating favorable consequences.
2. Minimizing unfavorable consequences.
3. Minimizing the conflict by denying the aversive character of whatever bad consequences will follow from the selected decision.
4. Minimizing personal responsibility. ("Eichmann effect" - They made me do it).

The psychologist may become an accomplice to the bolstering process by exaggerating the favorable consequences to special education placement, and permitting oneself to be the decision maker - encouraging the "Eichmann effect."

It became apparent in the preparation for this paper that effective interventions can be developed within the context of the school and within the scope of the school psychologist's responsibility in counseling parents about their children.

STRATEGIES TO INCREASE PARENT INVOLVEMENT IN DECISIONS ABOUT THEIR CHILDREN

Four types of interventions seem to be effective in providing aid to parents who seek advice in making vital personal decisions and other consequential courses of action that could affect their future welfare such as in the placement of handicapped children.

A. Decision Counseling - The joint work of the psychologist and the parent in diagnosing and improving the parents' decision making efforts. This process can be nondirective where the psychologist tries to help the parent to make the fullest possible use of their own resources for optimizing decisions in terms of their own value system. Much of the psychologist's work consists of making processes they are using and alerting them to alternative procedures.

This process calls for a diagnostic interview to enable both participants to arrive at empirically sound answers to the set of diagnostic questions listed below:

A. Reactions to the challenging threat or opportunity

1. Does the client believe that the risks are serious if he does not change his present course of action?

2. Does the client believe that the risks are serious if he does change his present course of action?

3. Does the client believe that it is realistic to hope to find a satisfactory alternative?

4. Does the client believe that there is sufficient time to search for and evaluate a satisfactory alternative?

B. The client's decisional balance sheet

For each of the alternatives he is contemplating, how completely and accurately has the client taken account of the full set of consequences pertaining to:

1. Utilitarian gains and losses for himself?

2. Utilitarian gains and losses for significant others?

3. Self-approval or self-disapproval?

4. Social approval or disapproval from significant others?

C. Working through the appraisal and commitment stages

After appraising the challenge to his current course of action (stage 1) and surveying alternatives (stage 2), how much time and effort has the client expended in deliberating with respect to:

1. Which alternative is best?

2. Can the best alternative meet all essential requirements?

3. If the best alternative is unsatisfactory, could one of the existing alternatives be modified to meet all essential requirements?

4. If the best alternative is satisfactory, what are the drawbacks or obstacles to implementing it and allowing others to know one's choice?

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The psychologists must apply a variety of clinical skills to enable them to help the parents overcome the usual sources of obfuscation - such as efforts to present themselves in a socially

accepted way, avoid anxiety by using platitudes, cover up emotionally explosive conflicts and justify past and present actions by rationalizing. Decision counseling although different from psychotherapy can be facilitated by standard feature of the clinical stance adopted by many school psychologists.

The school psychologist should also be aware that interventions can be developed to counteract defensive avoidance. One intervention consists of a coping procedure that builds up the client's hopes by encouraging an optimistic reappraisal of anxiety-provoking events and without encouraging denial of realistic threats, enhances the client's confidence in being able to deal with whatever consequences are encountered. The client is given several examples of positive outcomes to the decision, then invited to think up additional examples unique to their problem. Finally, the psychologist advises the client to enumerate the positive aspects to herself whenever she starts to feel upset about the unpleasant aspects of the decision. Langer Janis and Wolfer (1977, page 376) found that this procedure proved to be effective in reducing pre and post operative stress.

B. Applying the Balance Sheet Schema - Many a school psychologist walks out of a parent conference convinced that he facilitated positive decisions from the parents, only to be confronted a day later with post decisional changes. Janis and Mann identified in their research several sources of regret, such as potential financial loss, health impairment, social censure or other undesirable consequences that might follow from adhering to a course of action to which a person is committed.

Post decisional regret leads to a behavior pattern of either defensive avoidance, hypervigilance (more information, another diagnosis, another specialist). The coping pattern that emerges in this situation is often procrastination, shifting responsibility or bolstering.

The balance sheet schema seems to provide the most effective intervention strategy in preventing post decisional regret, (because you have all the facts in front of you) and overcoming psychological resistances to thinking about the consequences of alternative courses of action.

This procedure was designed to aid people making vital decisions, to help them survey all the viable alternatives and explore the consequences of each. The evidence of the value of the procedure comes from only two types of decision (career choices and health related decisions (going on a diet)), school psychologists may find it useful for the variety of other types of decisions.

The balance sheet deals with the following issues:

1. Tangible gains and losses to self

   i.e. personal income, living conditions, transportation, etc.

2. Tangible gains and losses for others

   i.e. siblings, children, grandparents, husband, wife

3. Self approval or disapproval

   i.e. internalized moral standards, ego ideals and self image

4. Approval or disapproval by significant others

   i.e. potential approval or disapproval of reference groups, neighbors, parents, siblings, children

A sample balance sheet procedure is outlined in Janis and Mann (1977), Appendix A.

C. Outcome Psychodrama - When the coping pattern of defensive avoidance is dominant, the balance sheet procedure may fail to overcome the psychological resistances to exploring all major consequences. In such instances psychodrama is a more powerful procedure which can lead to positive results (page 380).

In this procedure the parents participate in enacting a scenario that requires them to project themselves into the future and to improvise a retrospective account of what has happened as a consequence of their choosing one or another of the most attractive alternatives. The procedure is repeated as many times as necessary to explore the potential consequences of each of the main alternatives the parents (clients) are considering.

Outcome psychodrama may be most effective when used in combination with the balance sheet procedure.

D. Emotional Inoculation for Post Decisional Setbacks - In order to stabilize decisions, the psychologist should expose the decision makers to preparatory information that is specifically designed to provide emotional inoculation for post decisional setbacks.

The goal of emotional inoculation is to make the person aware of an impending crisis or negative consequences well in advance of the potential confrontation. That way the parents have an opportunity to anticipate a problem, start working through their anxiety and make plans that might enable them to cope more effectively with subsequent crisis.

Conceivably, the amount of time and effort required for effective emotional inoculation might be reduced by the judicious use of films, recorded lectures, and pamphlets. School psychologists can develop an effective program of emotional inoculation for parents of handicapped children (page 389).

There are three essential steps to this process:

1. Call the client's attention to information about impending risks or problems.
2. Encourage persons to work out ways of reassuring themselves about the ultimate success of the course of action.
3. Supplement the client's spontaneous efforts to arrive at effective reassuring beliefs by giving concrete information concerning the potential losses or setbacks, the ways of which the problems can be surmounted and the mitigating or protective aspects of the environment.

Conclusions

Decision making as a process by which parents choose courses of action among conflicting consideration in the best interests of their children were discussed.

Strategies for intervention to increase parents' decision making effectiveness were outlined. It is the presenter's contention that school psychologists with training in diagnosis and counseling and with a commitment to promote child development should train parents in decision making. This is particularly important in working with parents of handicapped children, who, more often than other parents, find themselves in decision making situations without adequate preparation or training. The school psychologist instead of using their

knowledge of behavior to bolster the decisions of the parents, ought to provide decision counseling to ensure the parents' informed decisions on behalf of their children. This is an advocacy role which undoubtedly will provide school psychologists with a great deal of job satisfaction.

RESOURCES

1. Barsch, Ray H., The Parent Teacher Partnership, The Council for Exceptional Children, Reston, VA, 1971.

2. Head Start Policy Issuance - 70.2, an announcement of the minimal requirements for parent involvement.

3. Head Start Policy Manual N-30-364-4, Head Start Program Performance Standards.

4. Lapides, Joseph, Helping Parents to Help Children, A Workshop Manual, Administration for Children, Youth and Children, P.O. Box 1182, Washington, D.C. 20013.